

Department of Human Services
Division of Health Engineering
#10 State House Station
Augusta ME 04333
Tel: (207)287-5672
Fax: (207) 287-4172

\$50.00 REVIEW FEE
Make check payable to:
"Treasurer of State"
Appropriation #
014-10A-2426-01-2615

**APPLICATION FOR
VARIANCE TO THE MINIMUM LOT SIZE LAW REQUIREMENTS
(12 MRSA §4807-B, 4807-C)**

PLEASE TYPE OR PRINT:

Name of Applicant: _____

Address: _____

Telephone Number: _____

Local Agent (Name, Address and Tel. #) _____

LOT LOCATION

Name of Project: _____

Street or Route Number: _____

Municipality or Township: _____

County: _____

By signing this application, the applicant certifies that he/she has (1) sent a copy of the notice form to the owners of property abutting the land upon which the project is located; (2) sent a copy of the public notice form to the chief municipal officer, chairperson of the municipal planning board and the Local Plumbing Inspector, and (3) filed a duplicate of this application in the municipal office.

DATE: _____

Signature of Applicant

(If signature is other than the applicant,
attach letter of agent authorization.)

Print name and title

**INSTRUCTIONS
PLEASE READ**

- 1) Fill out the application completely. Incomplete applications will be returned.
- 2) Obtain a copy of your deed, lease, option or other legal document, establishing your title, right or interest in the property.
- 3) Obtain the services of a Licensed Site Evaluator to perform a soils investigation on your property. Attach a copy of the report of the lot to this application. If the application involves an existing subsurface wastewater disposal system, submit a statement from a local plumbing inspector or a licensed site evaluator describing the functioning of that system, plus the soils investigation report.
- 4) Send a copy of the NOTICE form (attached to this application) to the owners of property abutting the land upon which the project is located. Their names and addresses can be obtained from town tax maps or local public officials.
- 5) Send a copy of the NOTICE form (attached to this application) to the municipal officers and the Municipal Planning Board.
- 6) Send a duplicate of this application to the Municipal Office, or if the project is located in an unorganized township, send the duplicate to the County Commissioner's Office.
- 7) When returning the completed application to the Division of Health Engineering, be sure to include (1) a copy of your deed or document establishing title, right or interest in the property, (2) an explanation of how to find the property, (3) a completed HHE-200 form, (4) a check for \$50.00 made payable to the "Treasurer of State", and (5) a statement from the local plumbing inspector for an existing subsurface wastewater disposal system. Send this information to the Division of Health Engineering, State House Station 10, Augusta, Maine 04333. If any item is missing, the application will be returned.

NOTE

BE SURE TO SEND YOUR APPLICATION WELL IN ADVANCE OF THE DATE ON WHICH YOU PLAN TO START THE PROJECT. PROCESSING MAY REQUIRE UP TO 30 DAYS.

PROJECT SUMMARY - MINIMUM LOT SIZE

1. Size of lot: _____ square feet or acres.
2. Dimensions of lot: _____ ' X _____ ' X _____ ' X _____ '
3. Is the lot owner the owner of adjacent property? (check one) ☐ YES ☐ NO
4. If the answer to question No. 3 is "YES":
 - (a) Give dimensions of total parcel owned, which includes the lot being applied for:
_____ X _____ X _____ X _____
 - (b) Give description of present use of adjacent property:

 - (c) Attach a plan showing ENTIRE parcel owned, including lot described in 1 & 2 above, if the entire parcel is not described on the licensed site evaluator's report (HHE-200 form).
 - (d) Give plans for future use, of any adjacent land owned:

5. Attach a copy of deed, lease, option or other legal document establishing applicant's title, right or interest in the land described in 1, 2 and 4 above.
6. Is this lot a part of a subdivision? (check one) ☐ YES ☐ NO
7. If the answer to Question No. 6 is "YES" give name of subdivision, date plan filed, and registry location:

8. If lot is located within 1/2 mile of any lake, pond, stream, river, tidal area, swamp or marsh:
 - (a) Give approximate distance: _____ feet to water.
 - (b) Give name of water body: _____
 - (c) If abutting, give length of shoreline covered by lot: _____ feet.

- ☐ Public Water Supply
☐ Private Community Water Supply
☐ Private On-Site Water Supply (well, etc.)
☐ Other, describe _____

10. Briefly describe the existing land use surrounding the proposed minimum lot.

- [] Single Family Residential
[] Multiple Unit Housing No. of Units _____
No. of Bedrooms Per Unit _____
[] Other than Residential
(Please Specify) _____

- [] Domestic Waste, Including Sanitary Waste
[] Other: (Please Specify)

13. Amount of Wastewater (in Gallons Per Day): _____ Gal/Day

NOTE: (1) IF SINGLE FAMILY RESIDENTIAL USE 300 GAL/DAY; (2) IF MULTIPLE UNIT HOUSING MULTIPLY NUMBER OF BEDROOMS TIMES 120 GAL/DAY; (3) IF "OTHER LAND USE ACTIVITY" SET FORTH ACTUAL MEASUREMENT OR COMPUTATION ON A SEPARATE SHEET.

- Attach the HHE-200 Form completed by a licensed site evaluator.

15. The applicant shall set forth below the names and addresses of the owners of property abutting the lot which is the subject of the application. By signing this application the applicant certified that he has provided each with a copy of the notice similar in form to that which is attached to this application.

NAME _____

ADDRESS

16. The applicant shall submit copies of any reports or studies pertaining to the lot or the project prepared by any engineer, soil scientist, geologist, licensed site evaluator, or other person for the applicant or owner, referring to possible subsurface wastewater disposal or its impact on the environment.

NOTE: Use this form or one containing identical information:

NOTICE

(to owners of abutting property, municipal officials, and local plumbing inspector)

Please take notice that _____
(Name of Applicant)

(Address of Applicant)

is filing an application for a Waiver of Minimum Lot Size Law Requirements with the Department of Human Services, Division of Health Engineering pursuant to the provisions of 12 MRSA Sections 4807-B and 4807-C for permission to _____

(State specifically what is to be done)

will be filed for public inspection at the Department's office in Augusta and at the municipal offices of _____ on _____.
(Name of Municipality) (Date of Filing)

Written comments from any interested persons must be sent to the Division of Health Engineering, #10 State House Station, Augusta, Maine 04333 within 14 days of filing of the application to receive consideration.